Form 990-E7

Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

, 20 2017, and ending A For the 2017 calendar year, or tax year beginning July 1 D Employer identification number C Name of organization B Check if applicable 81-4016975 Address change Jazz Houston Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Name change Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Houston, Texas, U.S.A, 77237-7268 Application pending H Check ▶ ☐ if the organization is not G Accounting Method: required to attach Schedule B I Website: ▶ https://jazzhouston.org/ (Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 J Tax-exempt status (check only one) - 7 501(c)(3) 501(c) (Other Public Charity (IRC Section 170 (b) (1) (A) (vi)) Association K Form of organization: Corporation ☐ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 118,869 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I $\overline{\mathbf{A}}$ 44,674 Contributions, gifts, grants, and similar amounts received . . . 1 2 74,189 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b c Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 6 Other revenue (describe in Schedule O) 8 9 118,869 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . . . 12 74,497 Professional fees and other payments to independent contractors . 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 1,531 Printing, publications, postage, and shipping 15 16 22,363 Other expenses (describe in Schedule O) 16 17 98,392 Total expenses. Add lines 10 through 16 . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 20,477 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 18 Assets 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) . Net. 20 20,477 Net assets or fund balances at end of year. Combine lines 18 through 20

	90-EZ (2017)						
Par	Balance Sheets (see the instructions for	r Part II)	tion in this	Dort II			🗸
	Check if the organization used Schedule C	to respond to any	question in this	(A) Beginni	ng of year	' '	(B) End of year
BOOK 1111			}	py bogini		22	17,118
22	Cash, savings, and investments				0	23	1771.10
23	Land and buildings				n	24	8,000
24	Other assets (describe in Schedule O)			-	0	-	25,118
25	Total assets					26	4,641
26	Total liabilities (describe in Schedule O)		line 21)			27	20,477
27	Net assets or fund balances (line 27 of column (lishments (see the	instructions for	Part III)			
Par	Check if the organization used Schedule (to respond to an	v question in this	Part III	🗸		Expenses
	is the organization's primary exempt purpose?	romote Jazz music t	hrough performan	ces & educ	ation	(He	equired for section 1(c)(3) and 501(c)(4)
What	ribe the organization's program service accomplish	ments for each of	its three largest	orogram s	ervices.	org	anizations; optional for
as m	leasured by expenses. In a clear and concise ma	th program title.	services provide	<u> </u>		oth	ers.)
28	Montan Marcalia with the Jazz Houston Orchestra Cor	ncert (Performed on	May 24, 2018). Th	e concert v	vas to		
	further cultivate the promotion of Jazz music globally	through performance	es with one of Jazz	genre's			
	Uning goniuses (Concert was attended by 550 people)				00	20.002
	(Grante \$) If this amount is	ncludes foreign graf	nts, check here .	<u> </u>		28	a 38,803
29	Ella Fitzgerald Memorial Concert (Performed Novemb	er 4, 2017). The conc	ert was to further	promote th	18		
	appreciation of a legend in Jazz music. (Concert was	attended by 150 peo	ple)				
						29	a 18,319
	(Grants \$) If this amount i	ncludes foreign gra	nts, check here		netration	20	d 10,313
30	Westbury High School Jazz Appreciation Concert (Pe	rformed on March 23	, 2018). The conce	ing the tal	ont		
	was to provide high school level students an apprecia	tion for the Jazz gen	re through display	etudente a	ttended)		
	creativity and dedication it takes to play the music (a	ncludes foreign gra	nts check here	Students o	▶ □	30	a 5,350
	Other program services (describe in Schedule O)	ficiades foreign gra	itts, oricoit flore			1	
31		ncludes foreign gra	-t- shook hors		▶□	31	ia 9,442
	(Grants \$) If this amount	brough 31a)	nts, check here		. ▶	3	2 71,914
32	Total program service expenses (add lines 28a t	hrough 31a)			. >	3	
-	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not co	mpensated	. I—see the	3 instr	
-	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each O to respond to ar	one even if not cony question in thi	mpensated s Part IV	I—see the	instr	ructions for Part IV)
-	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not cony question in thi	mpensated s Part IV (d) He contributi	I—see the	instr	ructions for Part IV)
Pai	Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	one even if not cony question in the compensation (Forms W-2/1099-MI)	mpensated s Part IV (d) He contributi	I—see the	instr	ructions for Part IV)
Pai	Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	one even if not cony question in the compensation (Forms W-2/1099-MI)	mpensated s Part IV (d) He contributi	I—see the	instr	(e) Estimated amount of other compensation
Maja Pres	Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ana L. Roach sident (06/2017 - 04/01/2018)	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not cony question in the compensation (Forms W-2/1099-MI)	mpensated s Part IV (d) He contribute SC) bene deferred	I—see the	instr	uctions for Part IV)
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Maja Pres Reg Pres	Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ana L. Roach sident (06/2017 - 04/01/2018) ina G. Deadrick sident (04/01/17 - Present); V. Pres. (06/17 - 04/01/18)	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not cony question in the compensation (Forms W-2/1099-MI)	mpensated s Part IV (d) He contribution bene deferred	I—see the	instr , , oyee (uctions for Part IV)
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Maja Pres Reg Pres Vind Arti Beli Dire Boa Car	Total program service expenses (add lines 28a total lines 28a	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 6 6 6 8 8 2	one even if not cony question in the compensation (Forms W-2/1099-MI)	mpensated s Part IV (d) He contribution bene deferred 0 0 0 0	I—see the	instr , pyee (identification)	uctions for Part IV)
Maja Pres Reg Pres Vino Arti Beli Dire Dwa Boa Car Tree	Total program service expenses (add lines 28a total lines 28a	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 6 6 6 8 8 2	one even if not cony question in the compensation (Forms W-2/1099-MI)	mpensated s Part IV (d) He contribution bene deferred 0 0 0	I—see the	instruction of the control of the co	uctions for Part IV)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	,	
	other Information (Note the Schedule A and personal Seneral Se	CLI C V	/es	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business of the organization have unrelated business gross income of \$1,000 or more during the year from business of the organization have unrelated business gross income of \$1,000 or more during the year from business of the organization have unrelated business gross income of \$1,000 or more during the year from business of the organization have unrelated business gross income of \$1,000 or more during the year from business of the organization have unrelated business gross income of \$1,000 or more during the year from business of \$1,000 or more during the year from business of \$1,000 or more during the year from business of \$1,000 or more during the year from business of \$1,000 or more during the year from business of \$1,000 or more during the year from business of \$1,000 or more during the year from business of \$1,000 or more during the year from \$1,000 o	35a 35b		1
b c	If "Yes" to line 35a, has the organization filed a Point 950-1 for the year? If "No, provided to section 6033(e) notice, Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		∀
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of her assets during the year? If "Yes" complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]	37b	1000	1
b 38a	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a	and line Q for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year arrows: Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year arrows.			
b	Section 4911 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	All organizations. At any time during the tax year, was the organization a party to a promoted tax shakes transaction? If "Yes," complete Form 8886-T	40e	(0,120	_
41	List the states with which a copy of this return is filed ► List the states with which a copy of this return is filed ► Telephone no. ►			
42a	The organization's books are in care of Picegina because 7IP + 4	77237		-
b	At any time during the calendar year, did the organization have an interest in or a signature of other datherny a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	Sing		
	Figure 3 Agreeupts (FBAB)		1	15
c	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		<u>v</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			1
			Yes	s N
448		44a		,
t	Did the organization operate one or more hospital facilities during the year in res, rollings the search of the se	44b	-	1
,	(- !-de-r-temping services during the Vear (44c	100	
	to line 44c has the organization filed a Form 720 to report these payments.	44d	1	
		45a	-	+
45	to a serious and transaction with a controlled entity within the	28	FR	
1	Did the organization receive any payment from or engage in any transaction with a controlled instead of meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	15%	

Form 99	00-EZ (2017)							age 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political o	ampaign activities o	n behalf of or in	opposition	46	Yes	NO
Part		s only s must answer que	stions 47-49b and	i 52, and comp				
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	ion in effect du	ring the ta	x	Yes	No
	year? If "Yes," complete Schedule C, Par	tll				47	_	1
48	Is the organization a school as described i	n section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E .		48 49a	-	1
49a	Did the organization make any transfers t	o an exempt non-cha	aritable related organ	iization?		49a	-	V
50	If "Yes," was the related organization as Complete this table for the organization's employees) who each received more than	five highest comper	sated employees (of	ther than officer	s, directors	s, truste	es, an	d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health be contributions to	nefits, employee (e d deferred	e) Estimate other cor	ed amo	unt of
	NONE			Compensa	(IOI)			
		-						
		1						
		-						
51	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the org	's five highest comp	ensated independe	nt contractors v	who each	received	d more	e thar
	(a) Name and business address of each indepen	ident contractor	(b) Type of s	ervice	(c) C	ompensa	tion	
	NONE						<u>(4))</u>	
					(March 1980)			
	Total number of other independent cont	ractors each receivin	g over \$100,000 .	. ▶	0			
52	Did the organization complete Schedompleted Schedule A	,				► V Ye		No
Under	penalties of perjury, I declare that I have examined this correct, and complete. Declaration of preparer of the th	s return, including accompa an officer) is based on all in	anying schedules and state formation of which prepar	ements, and to the b er has any knowled	est of my kno ge.	wledge a	nd belie	f, it is
	Orgina/J. Nea	driett		1//	-13-24	010		
Sigr Her	Regina G. Deadrick, Chairperson	of the Jazz Houston E	Board	Date				
Pai	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	if PTIN		

Paid Preparer

Use Only

Firm's name ▶

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

OMB No. 1545-0047

20**17**

Name of the organization 81-4016975 Jazz Houston Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (vi) Amount of (iv) Is the organization (v) Amount of monetary (iii) Type of organization (i) Name of supported organization other support (see listed in your governing support (see (described on lines 1-10 instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E)

Schedule	A (i dilli dad di est mi)					2011/41/41/	
Part l	Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	(iv)(A)(Vi)	ifunder
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organization	talled to qual	ny under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support		27.0044	(-) 0015	(d) 2016	(e) 2017	(f) Total
Calend	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(a) 2016	(e) 2017	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					440.000	110 003
	include any "unusual grants.")					118,863	118,863
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
						118,863	118,863
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly					ETROIS SHOW I	
	supported organization) included on					Maria Salah Salah	
	line 1 that exceeds 2% of the amount			BINERE PLOT	area and	Ten Day Medical	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
The state of the s	on B. Total Support			,			
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					118,863	118,863
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		-		 		
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on		-		 	<u> </u>	
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)					6	6
			500 mm m m m m m m m m m m m m m m m m m	STATE OF THE PARTY NAMED IN		Participation of the Control of the	118.869
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruct	ions)			12	
13	First five years. If the Form 990 is for t	he organizatio	n's first, seco	nd, third, fourt	h, or fifth tax y	ear as a sectio	n 501(c)(3)
10	organization, check this box and stop he	ere					▶ ☑
Sect	on C. Computation of Public Suppo	rt Percenta	ge				
14	Public support percentage for 2017 (line	6, column (f)	divided by line	11, column (f))		14	%
15	Public support percentage from 2016 Sc	hedule A. Par	t II. line 14 .			15	%
16a	331/2% support test-2017. If the organ	ization did no	t check the bo	ox on line 13, a	and line 14 is 3	31/3% or more,	check this
	hox and stop here. The organization qua	alifies as a pub	olicly supported	d organization			
b	331/3% support test - 2016. If the organ	ization did no	t check a box	on line 13 or 1	6a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	n qualifies as a	a publicly supp	orted organiza	tion		
17a	10%-facts-and-circumstances test-2	2017. If the or	ganization did	not check a b	ox on line 13,	16a, or 16b, an	d line 14 is
	10% or more, and if the organization m	eets the "fact	s-and-circums	stances" test, (check this box	and stop nere	cupported
	Part VI how the organization meets the	"facts-and-cii	cumstances	test. The organ	iization qualifie	s as a publicly	Supported
	organization						'a and line
b	10%-facts-and-circumstances test-2	2016. If the or	ganization did	not check a b	ox on line 13,	this hay and	a, and line
	15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets	ine "racts-and	netances" test	The organize	tion qualifies as	a publicly
	supported organization	meets the 18	ots-and-oncur	natariosa test	. The organiza		> -
40	Private foundation. If the organization of	did not check	a box on line 1	3, 16a, 16b, 1	7a. or 17b. che	ck this box and	see
18	rnvate toundation. If the organization t	and the bridge					_

Part VI	Supplemental Information. Provide the explanations required by FIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section lines 2, 5, and 6. Also complete this part for any additional information.	2 and 3; Part IV, Section E, lines 1c, 2a, 2b, D, lines 5, 6, and 8; and Part V, Section E,			
Part II, Line 10 \$6 was donated from a board member (paid directly) to use as "seed" monies to start up the PayPal					
	donation gathering process for Jazz Houston.				

Schedule B

(Form 990, 990-EZ, or 990-PF)

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization 81-4016975 Jazz Houston Organization type (check one): Filers of: Section:) (enter number) organization Form 990 or 990-EZ √ 501(c)(3 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Schedule of Contributors

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Name of organization

Jazz Houston

Employer identification number
81-4016975

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Donna Dotson c/o P. O. Box 37268 Houston, TX 77237	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	Houston Public Library Fund c/o P. O. Box 37268 Houston, TX 77237	\$\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Houston Arts Alliance c/o P. O. Box 37268 Houston, TX 77237	\$ 10,000	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Center Point Sponsorship c/o P. O. Box 37268 Houston, TX 77237	\$ 10,000	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	Texas Southern University (KTSU) c/o P. O. Box 37268 Houston, TX 77237	\$ 000	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Ella Fitzgerald Foundation c/o P. O. Box 37268 Houston, TX 77237	\$\$	Person Payroll Oncash Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

Jazz	Houston	

81-4016975

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Regina Deadrick c/o P. O. Box 37268 Houston, TX 77237	\$ 5,650	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Reggie Van Lee c/o P. O. Box 37268 Houston, TX 77237	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Majana Roach c/o P. O. Box 37268 Houston, TX 77237	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	Nat Sutton c/o P. O. Box 37268 Houston, TX 77237	\$\$,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
*******		\$	Person

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Open to Public Inspection

81-4016975 Jazz Houston Part I - Revenue, Expense, and Change in Net Assets or Fund Balance Revenue Section, Other Revenue Line# 8 -- Opened up a PayPal Account (tested the PayPal transfer to bank account process with donated funds) \$6 Expense Section, Other Expenses Line# 16 -- Non-music costs to stage the Wynton Marsalis Concert \$16,607.60 -- Non-music costs to stage the Ella Fitzgeral Memorial Concert \$ 2,863,61 -- Paid Fresh Arts (a fine arts organizational assistance program) deposit transactional fees 723.55 -- Paid Fresh Arts (a fine arts organizational assistance program) Annual Member fees 250.00 -- Paid a fee for the Form 1023 filing submission to U.S. Treasury 850.00 -- Paid PayPal processing fee for deposit transaction 456.87 -- Non-music costs to stage a March 2018 Alley Theatre trio performance (transport double bass) 392.00 -- Paid for executive board meeting food \$134.61 and office supplies \$29.22 163.83 -- Paid a fee for the State exempt filing submission 50.00 -- Paid Incoming wire fee to bank 6.00 \$22,363.46 Part II - Balance Sheets, Other Assets Line# 24 -- Member donation pledges still outstanding \$3,000.00 -- Expect the remaining \$5,000 grant from Houston Arts Alliance in July 2018 5,000.00 8,000.00 Part II - Balance Sheets, Total Liabilities Line# 26 -- Gardner directly paid part of concert hall reservation \$100.00 -- Jazz Houston owes Jacqueline Edwards for 2017 - 2018 administrative work 4,400.00 -- June 2018 check for music performance was not cashed until July 2018 100.00 -- June 2018 check for travel expense for musican performing in May 2018 40.74 4,640.74